





57WS



Please print:

Full Name

COMPLETE Address

Office Sought (list District number if applicable)

Conflict of Interest CANDIDATE

Statement of Financial Interest

<u>Deadline to file:</u> Within 15 days after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

File with: The SECRETARY OF STATE except local candidates file with the office where they file their nominating petition.

Candidates who file: State and Federal Office candidates (United States Senate, United States House of Representatives, Governor, State Legislator, circuit court judge and Supreme Court Justice SDCL 12-25-28);

Convention Nominee candidates (Lieutenant Governor, state treasurer, attorney general, secretary of state, state and treasurer,

Convention Nominee candidates of a party with alternative political status (US Senate, US House, Governor Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner of school and public lands or state legislator SDCL 12-25-29.1); and

public utilities commissioner, commissioner of school and public lands SDCL 12-25-29);

Local Office candidates (county commissioner, school board member in a school district with a total enrollment of than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 12-25-30

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What is your occupation/profession? Dentist		
List any source of funds (business or economic relationship) which contributes more than 10% of or more than \$2,000		
to your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) controls more than 10% of the capital or stock.		
Identify who receives the income from each enterprise but do not include the value. (SDCL 12-25-27)		
*The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.		
Name of Candidate or	Name the Source of Funds	Relationship to funds
Family Member	(Ex: current employer, SD Legislature, 401K, benefits, etc.)	(Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Nichole Canus	Designer Dentisty & Siniles	Owner /dentist
	J	
Nichele Caywels	Cancul's Properties	Commercial building
	·	U
Tom Canwels	Aminal Sales/Farming	Owner
I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of		
my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial		
interests for the preceding calendar year.		
1/1/1/2020		

SOUTH DAKOTA SECRETARY OF STATE ◆ ATTENTION ELECTIONS ◆ 500 E. Capitol Ave. ◆ Pierre, SD 57501

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